UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

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	Attorney Docket No.	033036M073		2
UTILITY	First Inventor	Hironori Osuga	99	
PATENT APPLICATION TRANSMITTAL	Title	EPOXY RESIN COMPOSITION AND SEMICONDUCTOR APPARATUS	228	*
nly for new nonprovisional applications under 37 C.F.R. 1.53(b))	Express Mail Label No.			f

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APPLICATION ELEMENTS				ADDRESS TO: Commissioner for Patents P.O. Box 1450					
See MPEP cl	hapter 600 conce	erning utility patent	application co	ontents.	Alexandria VA 22313-1450				
1.						CD-ROM or C Computer Pro ectide and/or a plicable, all no Computer Re ecification Seg CD-ROM o Paper Statements v ACCOMPA Assignment 37 C.F.R. 3. (when there English Tra Information Statement (Preliminary Return Reco (Should be Certified Co (if foreign p Nonpublica (b)(2)(B)(i). or its equiva Other:	Alexandria D-R in duplic gram (Apper Amino Acid S ecessary) eadable Form guence Listin or CD-R (2 co verifying iden NYING APP t Papers (cov 73(b) Staten e is an assign enslation Doc Disclosure IDS)/PTO-14 Amendment eipt Postcard specifically in priority is claim tion Request Applicant malent.	a VA 22313-1450 cate, large table or odix) Sequence Submission a (CRF) g on: pies); or tity of above copies LICATIONS PARTS er sheet & document(s)) ment	
☐ Conti		heet under 37 CFI Divisional	☐ Conti	nuation-in-par	t (CIP)		• •	lo:/	
For CONTINI	Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the p					Art Un ation, from whic	h an oath or d	eclaration is supplied under Box 5b,	
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☐ Customer Number 004									
Name	Name Smith, Gambrell & Russell								
1850 M Street, N.W.									
Address Suite 800									
City	Washington State			State	DC Zip		Zip Code	20036	
Country	USA				(202) 263-4300 Fax (202) 263-4329			(202) 263-4329	
Name (Print					Registration No. (Attorney/Agent) 32,263			32,263	
Signature	Signature Omne				Date March 25, 2004			March 25, 2004	
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This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

OTAL AMOUNT OF PAYMENT	(\$)	810
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Complete if Known					
Application Number	To Be Assigned				
Filing Date	Herewith				
First Named Inventor	Hironori Osuga				
Examiner Name	To Be Assigned				
Art Unit	To Be Assigned				
Attorney Docket No.	033036M073				

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)								
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None			3. ADDITIONAL FEES									
Order Deposit Account:			Large	Entity	Small I	Entity						
Deposit	1	ц.					Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account		02-4300					1051	130	2051	65	Surcharge - late filing fee or oath	
Number	L						1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit	ſ						1053	130	1053	130	Non-English specification	
Account							1812	2,520	1812	2,520	For filing a request for reexamination	
Name The Director is authorized to: (check all that apply)					1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge any additional fee(s) during the pendency of this application					1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
☐ Charge fee					e filing fee	!	1251	110	2251	55	Extension for reply within first month	
to the above-identified deposit account. FEE CALCULATION					1252	420	2252	210	Extension for reply within second month			
1. BASI	C EII	ING EE	=				1253	950	2253	475	Extension for reply within third month	
Large Entity Small Entity					1254	1,480	2254	740	Extension for reply within fourth month			
Fee Fee Code (\$)	Fe	ee Fee ode (\$)	· <u>r</u>	ee Descriptio	<u>n</u>	Fee Paid	1255	2,010	2255	1,005	Extension for reply within fifth month	
1001 770		001 385	i li	Itility filing fee	[770	1401	330	2401	165	Notice of Appeal	
1002 340	20	002 170	_	esign filing fee	,		1402	330	2402	165	Filing a brief in support of an appeal	
1003 530	20	003 265		lant filing fee			1403	290	2403	145	Request for oral hearing	
1004 770	20	004 385	R	Reissue filing fe			1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160	20	005 80	Р	rovisional fillin	g ree [1452	110	2452	55	Petition to revive – unavoidable	
SUBTOTAL (1) (\$) 770				1453	1,330	2453	665	Petition to revive – unintentional				
				···			1501	1,330	2501	665	Utility issue fee (or reissue)	
2. EXTRA C	CLAI	M FEES	FOR	UTILITY A	ND REIS	SUE	1502	480	2502	240	Design issue fee	
					Fee from	Fee	1503	640	2503	320	Plant issue fee	
Total Claims	6	-20 **	= F	Claims t	18	= Paid	1460	130	1460	130	Petitions to the Commissioner	
Independent	<u> </u>	╡~~	-	<u> </u>			1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Claims	1	-3 **	= [0 ×	86	= 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent Large Entity		Small E	nélés	x [= 0	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40
Fee Fe		Fee Code	Fee (\$)	Fee Descri	iption		1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1202 18		2202	9	Claims in e	xcess of 20)	1810	770	2810	385	For each additional invention to be	
1201 86		2201	43								examined (37 CFR § 1.129(b))	
1203 29	- 1	2203	145	•	Independent claims in excess of 3 Multiple dependent claim, if not paid			770	2801	385	Request for Continued Examination (RCE)	
1204 86	,	2204 43 ** Reissue independent claims over original patent				1801 1802	900	1802	900	Request for expedited examination		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent						of a design application Other fee (specify)						
			su	BTOTAL (2)	(\$) 0				,,	-		
<u> </u>					*Redu	iced by B	asic Filin	g Fee P	aid SUBTOTAL (3) (\$) 40			
**or number	previo	usly paid, if g	greate	r; For Reissues,	see above							

SUBMITTED BY Complete (if applicable)								
Name (Print/Type)	Michael A. Makuch	Registration No. (Attorney/Agent)	32,263	Telephone	(202) 26304300			
Signature	m c			Date	March 25, 2004			

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